


# RECORDS CENTER

## RECORD TRANSMITTAL AND RECEIPT FORM

SSARC 103 (R 11/06)

NOTE: Send Original to Record Center.  
One Receipted Copy Will Be Returned.

|  |                         |  |      |   |              |   |                               |                  |      |
|--|-------------------------|--|------|---|--------------|---|-------------------------------|------------------|------|
| 1. Name and Address of Agency  |                         |  |      |  |              | <b>JAY DARDENNE</b><br>SECRETARY OF STATE<br>DIVISION OF ARCHIVES<br>RECORDS MANAGEMENT & HISTORY<br>P.O. BOX 94125, Capitol Station<br>Baton Rouge, Louisiana 70804-9125 |                               |                  |      |
| 2. Records Officer and Title   |                         |  |      | 3. Date   |              |   |                               |                  |      |
|  |                         |  |      | 4. Transfer to:   |              |   |                               |                  |      |
| Phone No.  |                         |  |      | Records Center  |              | Other:  |                               |                  |      |
| 7. RECORDS<br>CENTER<br>BOX NO.<br><br>(Records<br>Center<br>Use Only) | 8. AGENCY<br>BOX<br>NO. | 9. DATE OF RECORDS<br>TO BE TRANSFERRED  |      |   |              | 5. No. of Boxes Transferred   |                               | 6. Disposal Date |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         | Month                                    | Year | thru  | Month        | Year  | RECORDS SERIES TITLE          |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
|  |                         |  |      |   |              |   |                               |                  |      |
| Total Boxes on this page   |                         | SECTION BELOW FOR RECORD CENTER USE ONLY |      |   |              |   |                               |                  |      |
| LOCATION   |                         |  |      |   |              |   |                               |                  |      |
| SECTION  | SHELF                   | Date Received                            |      |   | Date Shelved |   | Transferred to Records Center |                  | Date |
| Page   | Total Pages             | Verified By:                             |      |   |              |   | Records Inspected By:         |                  |      |